



The Commonwealth of Massachusetts
Department of the State Treasurer
One Ashburton Place
Boston, Massachusetts 02108-1608

Timothy P. Cahill
Treasurer and Receiver General

Application for Bonus under Chapter 440, Acts of 1953 Korean War
(Deceased Veteran)

ALL answers must be written in ink

SECTION A

1. Name under which veteran entered the service.....
Last First Initial
2. Name at time of death (if different).....
3. Male..... Female.....
4. Branch of Service.....
5. Rank or Grade.....
6. Serial #.....
7. Social Security #.....
8. Enlisted.....Inducted.....Commissioned.....
Date Place Date Place Date Place
9. Active duty began.....Discharge.....
Date Place Date Place
10. Date of Birth..... Place.....
11. Residence at time of entry into service.....
Street City or Town State Zip Code
12. Address at time of separation from service.....
Street City or Town State Zip Code
13. IMMEDIATELY PRIOR TO ENTRY INTO SERVICE length of residence in Massachusetts.....
Years Months
14. Names and addresses of parents of deceased at time of entry in service:
.....
.....
15. If deceased was married at time of entry into service, name and address of wife (or husband).....
.....

.....
(Signature of Applicant)

**ATTACH THE DISCHARGE OR RELEASE OR OFFICIAL US GOVERNMENT NOTIFICATION OF DEATH AND HAVE
RESIDENCE CERTIFICATE COMPLETED
(next page)**

RESIDENCE CERTIFICATE

Residence Certificate to be completed by Official of city or town ONLY. If not completed, application must state reasons.

(A) I HEREBY CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THIS OFFICE,

.....
(Name of Deceased Veteran)

WAS A RESIDENT OF.....IN THE COMMONWEALTH OF MASSACHUSETTS ON JANUARY
FIRST OF THE YEAROR THE VETERAN'S ENTRY INTO THE ARMED FORCES OF THE UNITED STATES IN THE
COURSE OF THE KOREAN WAR.

(B) IF APPLICANT WAS A MINOR, CERTIFY IN SECTION (A) OF RESIDENCE CERTIFICATE NAME OF FATHER OR MOTHER
APPEARING ON LINE 13.

(C) IF YOU ARE UNABLE TO HAVE THE RESIDENCE CERTIFIED, PLEASE CALL THE STATE TREASURER'S OFFICE.

SEAL

(OFFICIAL SIGNATURE)

.....
(Print Name)

Penalty Provisions, Sec. 8, Ch. 440, Act s of 1953: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both..."

Section B (TO BE FILLED OUT BY APPLICANT)

I.	Full name of applicant.....
	Last	First	Middle
II.	Address of applicant.....
	Street	City/Town	State/Zip Code
III.	Telephone Number.....		
	Area Code		
IV.	Full name of deceased.....
	Last	First	Middle
V.	Date and place of death (Death Certificate MUST be filed.).....
		(Date)	(Place)
VI.	Were you a dependant of the deceased?.....		
VII.	If "YES," state whether you were wholly or partially dependant upon deceased:		
	(a) At time of entering the service.....		
	(b) At time of death of deceased.....		
VIII.	Were any other persons dependent upon the deceased?.....		
IX.	If "YES," state names, addresses, relationships, if any, to deceased, and indicate minors.		
		
		
		
	Name	Address	Relationship
			Minor?

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.....
Date

.....
Applicant's Signature

SECTION C
WIFE

If applicant was the Wife of the deceased, state:

- I. Maiden name of applicant.....
Last First Middle
- II. Date and place of birth of applicant: (Birth Certificate MUST be filed.).....
Date Place
- III. Date and Place of marriage to deceased: (Marriage Certificate MUST be filed.).....
Date Place
- IV. If there are any surviving children of the deceased, state names, addresses, and dates of birth: (Birth Certificates MUST be filed.)
.....
.....
.....
.....
- V. Was the marriage of the applicant and the deceased the first marriage for both? If "No," state maiden name of wife and name of the husband in each former marriage. Also, the date(s), place(s), and Manner of dissolution of each former marriage for either or both parties.
.....
Names
.....
Date(s) Place(s) Manner of Dissolution(s)
(If former marriage(s) dissolved by death, death certificate MUST be filed.)
(If former marriage(s) dissolved by divorce, certified copies of decree(s) of court MUST be filed.)
- VI. Did the deceased leave a surviving mother, father, or both? If so, give names and addresses: (If mother, father, or both deceased, state so.)
Mother.....
Name Address Place of Birth
Father.....
Name Address Place of Birth
- VII. Did the deceased leave surviving brothers, sisters, or both? (If so, give names and addresses and indicate minors.)
.....
.....
.....
.....
Name Address Relationship Minor?

Penalty Provisions, Sec. 8, Ch. 440, Act s of 1953: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both..."

.....
Date Applicant's Signature

**SECTION D
CHILDREN**

If applicant was a child of the deceased, state:

- I. Date and place of birth of applicant: (Birth Certificate MUST be filed.).....
Date Place
- II. Name of other parent:.....
- III. Address of other parent, if living:.....
Street City/Town State/Zip Code
- If not living, state date and place of death (Death Certificate MUST be filed.).....
Date Place
- IV. How many times was deceased married?.....
If more than once, state:
(a) Date and place of each marriage:.....
(b) Name of each spouse:.....
(c) Address of each living spouse:.....
(d) Manner of dissolution of each marriage, (indicate by death or divorce):.....
(e) Names and addresses of all surviving children of said marriages:.....
.....
.....
.....
Name Address
- V. Name and addresses of your living brothers and sisters:
.....
.....
.....
.....
Name Address
- VI. Names and addresses of living parents of deceased: (If mother, father, or both deceased, state so.)
Mother.....
Name Address
Father.....
Name Address
- VII. Names and addresses of living brothers and sisters of the deceased:
.....
.....
.....
Name Address
- VIII. If applicant is a minor, give name and address of legal guardian, if any.
.....
Name Address

Penalty Provisions, Sec. 8, Ch. 440, Act s of 1953: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both..."

.....
Date Applicant's Signature

SECTION E
MOTHER OR FATHER

If applicant was a parent of the deceased, state:

- I. Date and place of marriage of applicant: (Marriage Certificate MUST be filed.).....
Date Place
- II. Date and place of birth of deceased: (Birth Certificate MUST be filed.).....
Date Place
- III. Maiden name of mother
Last First Middle
- IV. Name of other parent of the deceased:.....
Last First Middle
- V. If other parent living, state address of said parent.....
Street City/Town State/Zip Code
- VI. If other parent not living, state date and place of death (Death Certificate MUST be filed.)
.....
Date Place
- VII. Was the deceased ever married?.....
If yes, state:
(a) How many times the deceased was married.....
(b) Date and place of each marriage:.....
(c) Name of each spouse:.....
(d) Address of each living spouse:.....
(e) Manner of dissolution of each marriage, (indicate by death or divorce):.....
(f) Names and addresses of all surviving children of said marriages:.....
.....
.....
.....
Name Address
- VIII. Name and addresses of all living brothers and sisters of the deceased:
.....
.....
.....
.....
Name Address

Penalty Provisions, Sec. 8, Ch. 440, Act s of 1953: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both..."

.....
Date Applicant's Signature

SECTION F
BROTHER OR SISTER

If applicant was a sibling of the deceased, state:

- I. Date and place of birth of applicant: (Birth Certificate MUST be filed.).....
Date Place
- II. Date and place of birth of deceased: (Birth Certificate MUST be filed.).....
Date Place
- III. Names of parents of the deceased
- Mother.....
Last First Middle
- Father.....
Last First Middle
- IV. Maiden name of mother of the deceased.....
Last First Middle
- V. Addresses of parents of deceased who are living:
.....
.....
Street City/Town State/ Zip Code
- VI. If either or both parents are not living, state date and place of death of such parent(s): (Death Certificate MUST be filed.)
.....
.....
Date Place
- VII. Names and addresses of living brothers and sisters of the deceased:
.....
.....
.....
Name Street City/Town State/Zip Code
- VIII. Was the deceased ever married?.....
If more than once, state:
(a) Date and place of each marriage:.....
(b) Name of each spouse:.....
(c) Address of each living spouse:.....
(d) Manner of dissolution of each marriage, (indicate by death or divorce):.....
(e) Names and addresses of all surviving children of said marriages:.....
.....
.....
.....
Name Street City/Town State/Zip Code

Penalty Provisions, Sec. 8, Ch. 440, Act s of 1953: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both..."

.....
Date Applicant's Signature

Request for Taxpayer Identification Number and Certification

Completed form should be given to the requesting department or the department you are currently doing business with.

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ►

Legal Address: number, street, and apt. or suite no.

Remittance Address: if different from legal address number, street, and apt. or suite no.

City, state and ZIP code

City, state and ZIP code

Phone # ()

Fax # ()

Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2. **Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

□ □ □ - □ □ - □ □ □ □

OR

Employer identification number

□ □ - □ □ □ □ □ □ □ □

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am an U.S. person (including an U.S. resident alien).
- I am currently a Commonwealth of Massachusetts's state employee: (check one): No ☐ Yes ☐ If yes, attach a copy of the letter from the State Ethics Commission. Individual information, including address will be part of the public record and accessible under Freedom of Information.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Sign
Here

Authorized Signature ►

Date ►

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 29% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site { **HYPERLINK** <http://www.irs.gov> }.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 29% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹ The minor ²
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee ¹
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2311 or 973-2655

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.